

Date:

Dear Colleague,

Potential Safeguarding Adult Review – Referral Initial Scoping and Information Sharing

Section 44 of the Care Act 2014 requires the Safeguarding Adult Board (SAB) to undertake a Safeguarding Adults Review (SAR) when a case meets the statutory criteria: when an adult in its area dies as a result of abuse or neglect whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or where an adult has not died but has experienced serious neglect or abuse. We have received notification of an incident which may meet the criteria for a Safeguarding Adult Review. The BSAB SAR-Subgroup will consider referrals that may be considered as a SAR and make a recommendation to the Independent Chair of the BSAB to commence a SAR or not.

To inform the Safeguarding Adult Review Sub-Group meeting, we need to gather the basic facts about the case and determine the extent of agency involvement with the Adult. This will help the SAR-Sub Group decide whether to progress with a recommendation to commence a formal Safeguarding Adult Safeguarding Review and to determine the most appropriate method to identify and cascade learning from this case.

We are initially asking agencies to:

1. Clarify whether your organisation had any involvement with the subject adult.
2. Complete the Initial Scoping and Information Sharing form if you have had any involvement with the subject adult.
3. Secure all records/files in relation to this case, ensuring that they are removed to a secure place where they are not accessible to agency personnel other than through you or your nominated representatives.
4. Keep your agency's submission in relation to this case separate from the case records/files.

If the adult is not known to your organisation, please confirm this in writing to: boltonsafeguardingadultsboard@bolton.gov.uk

This initial scoping and information sharing form should, therefore, be returned to us
Please submit forms to: BoltonSafeguardingAdultsBoard@bolton.gov.uk

Contact Details of Individual / Agency Completing this Form

NAME	AGENCY & DESIGNATION/TITLE	CONTACT DETAILS – Address, telephone number and e-mail address

Date Completed:

Background Information

Summary of Case: information taken from the initial referral form.

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Indicative time period to be looked at- *However, please include information from outside this time period if you feel it is relevant to the case.*

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Section 1: Composition of the Adult

All agencies are asked to check whether the details below match information held on their systems. Please advise of any anomalies.

Subject Adults Details:	
First Name:	
Surname:	
NHS Number:	
Any known alias's:	
Gender:	
Ethnicity:	
Faith/Religion:	
D.O.B:	
Date of Death:	
Address:	
Previous Addresses:	
Agencies known to be involved with the individual:	

Section 2: Agency Information and Involvement

1. Provide a brief summary of your agency's involvement with the subject adult from: (However, please include information from outside this time period if you feel it is relevant to the case. *Please focus on the key significant events in chronological order and, where appropriate, include the date of commencement and completion of service*).

2. Brief analysis of individual and multi-agency practice. (*Please identify any outstanding practice or potential learning*).

3. Please identify any areas for concern as to the way in which partners have worked together to safeguard the subject adult.

4. Have you identified any learning and what action have you taken to implement this learning?

5. Are you aware of the involvement of any other agencies? If yes, please give details.

6. Please include any further relevant information that you wish to bring to the attention of the SAR-Sub group meeting.

7. Please advise if this case has been subject to any internal procedures or any internal reviews or other statutory reviews that you are aware of.

Section 3: Advice and Submission of this Form

Insert here the contact details of those who can provide advice on the completion of this form and also the details of the email address to which the form should be submitted.

Following the SAR-Sub Group meeting and decision by the Independent Chair you will be informed of the outcome.

If you require any further information, please contact the BSAB team at:

boltonsafeguardingadultsboard@bolton.gov.uk

Yours sincerely

The BSAB Team